



Procedure: Risk Criteria for Children

Volume: Nutrition Services/Breastfeeding

Section: Nutrition Risk Criteria

Citation: 246.7 (d)(1)(2); PM 2011-5

Approval Date: 11.2012

Revised Date:

Purpose

To provide guidance on nutritional risk criteria for children as part of eligibility for the Nebraska WIC Program.

Definitions for all allowed risk criteria for children are found in the following table:

ALLOWED RISK CRITERIA	<u>Risk Criteria Definition</u>	RISK CODE NUMBER (USDA)
Short Stature or At Risk of Short Stature**	<u>Children 12 to 23 months of age</u> <ul style="list-style-type: none"> Short Stature: $\leq 2.3^{\text{rd}}$ percentile length-for-age as plotted on WHO growth standards At Risk of Short Stature: $>2.3^{\text{rd}}$ and $\leq 5^{\text{th}}$ percentile length-for-age as plotted on WHO growth standards <p><i>**NOTE: For children 12-23 months that were born prematurely, assignment of this risk criterion will be based on adjusted gestational age.</i></p>	1A (121)
	<u>Children 2-5 years of age</u> <ul style="list-style-type: none"> Short Stature: $\leq 5^{\text{th}}$ percentile stature-for-age At Risk of Short Stature: $>5^{\text{th}}$ and $\leq 10^{\text{th}}$ percentile stature-for-age 	
Underweight or At Risk of Becoming Underweight	<u>Children 12 to 23 months of age</u> <ul style="list-style-type: none"> Underweight: $\leq 2.3^{\text{rd}}$ percentile weight-for-length as plotted on WHO growth standards At Risk of Underweight: $>2.3^{\text{rd}}$ and $\leq 5^{\text{th}}$ percentile weight-for-length as plotted on WHO growth standards 	1C (103)
	<u>Children 2-5 years of age</u> <ul style="list-style-type: none"> Underweight: $\leq 5^{\text{th}}$ percentile BMI-for-age At Risk of Underweight: $>5^{\text{th}}$ and $\leq 10^{\text{th}}$ percentile BMI-for-age 	1C (103)

Inadequate Growth Children from 12 – 59 months of age	An inadequate rate of weight gain, defined as: <ul style="list-style-type: none">Based on 2 weights taken at least 3 months apart, the child’s actual weight gain is less than the calculated expected weight gain based on the table below <table><tr><th rowspan="2">Age</th><th colspan="3">Average Weight Gain</th></tr><tr><th>Per week</th><th>Per month</th><th>Per 6 months</th></tr><tr><td>12 – 59 months</td><td>0.6 ounces</td><td>2.7 ounces</td><td>1 pound</td></tr></table>	Age	Average Weight Gain			Per week	Per month	Per 6 months	12 – 59 months	0.6 ounces	2.7 ounces	1 pound	1D (135)	
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12 – 59 months	0.6 ounces	2.7 ounces	1 pound											
Overweight	<u>Use only for children 2 – 5 years of age:</u> <ul style="list-style-type: none">≥ 85th and < 95th percentile BMI-for-age	1R (114)												
Obese	<u>Use only for children 2 – 5 years of age:</u> <ul style="list-style-type: none">≥ 95th percentile BMI	1Q (113)												
High Weight for Length	<u>Use only for children 12 – 23 months of age</u> <ul style="list-style-type: none">≥97.7th percentile weight-for-length as plotted on the CDC, Birth to 24 months gender specific growth charts	1W (115)												
Low Hemoglobin (Low Hematocrit)	<ul style="list-style-type: none">Hemoglobin concentration below the cut-off values established by the CDC. <table><tr><th>Altitude – feet</th><th>0-2999</th><th>3000-3999</th><th>4000-4999</th></tr><tr><td>Age 12-23 months</td><td>11.0</td><td>11.2</td><td>11.3</td></tr><tr><td>Age 24-59 months</td><td>11.1</td><td>11.3</td><td>11.4</td></tr></table>	Altitude – feet	0-2999	3000-3999	4000-4999	Age 12-23 months	11.0	11.2	11.3	Age 24-59 months	11.1	11.3	11.4	2H (201)
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Elevated Blood Lead Levels	<ul style="list-style-type: none">Blood lead level of ≥10ug/deciliter within the past 12 months<i>Cut-off value is the current published guidance from the CDC</i>	2L (211)												
Fetal Alcohol Syndrome	<ul style="list-style-type: none">Presence of Fetal Alcohol Syndrome (FAS) diagnosed by a physician.Diagnosis of FAS is based on the presence of retarded growth, a pattern of facial abnormalities, and abnormalities of the central nervous system, including mental retardation.	3G (382)												
Drug/Nutrient Interactions	<ul style="list-style-type: none">Use of prescription or over-the-counter drugs or medications that have been shown to interfere with nutrient intake or utilization, <i>to an extent that nutritional status is compromised.</i>Refer to current drug references	3H (357)												

Infectious Diseases	<p>A disease caused by growth of pathogenic microorganisms in the body severe enough to affect nutritional status. Includes, but is not limited to:</p> <p>Must be present within the past 6 months</p> <ul style="list-style-type: none"> • Tuberculosis • Pneumonia • Meningitis • Bronchiolitis (3 episodes in last 6 months) • Hepatitis • Parasitic infections • HIV / AIDS <p>DOES NOT INCLUDE OTITIS MEDIA, BRONCHITIS, CHRONIC OR RECURRENT RESPIRATORY INFECTIONS, OR URINARY TRACT INFECTIONS</p>	3M (352)
Recent Major Surgery, Trauma, Burns	<ul style="list-style-type: none"> • Severe enough to compromise nutritional status • Any occurrence within the past ≤ 2 months may be self-reported • More than > 2 months previous, physician must document continued need for nutritional support. • 	3R (359)
Low Birth Weight Prematurity	<p>Use only for children 12 – 23 months of age</p> <ul style="list-style-type: none"> • Birth weight ≤ 5 pounds 8 ounces (≤ 2500 g) • Birth at ≤ 37 weeks gestation 	3S (141, 142)
Failure to Thrive	<ul style="list-style-type: none"> • Presence of failure to thrive as diagnosed by a physician 	3T (134)
Hypertension and Prehypertension	<ul style="list-style-type: none"> • Presence of hypertension or prehypertension 	3V (345)
Food Allergies Lactose Intolerance Celiac Disease	<ul style="list-style-type: none"> • Adverse health effects arising from a specific immune response that occurs reproducibly on exposure to a given food. • The syndrome of one or more of the following: diarrhea, abdominal pain, flatulence, and/or bloating, that occurs after lactose ingestion. • An autoimmune disease precipitated by the ingestion of gluten that results in damage to the small intestine and malabsorption of the nutrients from food. • CD is also known as: Celiac Sprue; Gluten-sensitive Enteropathy; Non-tropical Sprue 	4A (353, 355) 4A (354)

Inborn Errors of Metabolism	<p>Inherited metabolic disorders caused by a defect in the enzymes or their co-factors that metabolize protein, carbohydrate, or fat. Generally refers to gene mutation or gene deletions that alter metabolism in the body. Including but not limited to:</p> <table><tr><td><ul style="list-style-type: none">Amino Acid Disorders: (PKU, MSUD, Tyrosemia)</td><td><ul style="list-style-type: none">Urea Cycle Disorders: (Citrullinemia, Argininosuccinic aciduria)</td></tr><tr><td><ul style="list-style-type: none">Organic Acid Metabolism Disorders: (Gluteric academia, Biotinidase deficiency)</td><td><ul style="list-style-type: none">Carbohydrate Disorders: (Galactosemia, Glycogen Storage Disease, Hereditary Fructose Intolerance)</td></tr><tr><td><ul style="list-style-type: none">Lysosomal Storage Diseases: (Fabry disease, Gauchers disease, Pompe disease)</td><td><ul style="list-style-type: none">Peroxisomal Disorders: (Zellweger Syndrome Spectrum, Adrenoleukodystrophy)</td></tr><tr><td><ul style="list-style-type: none">Fatty Acid Oxidation Defects</td><td><ul style="list-style-type: none">Mitochondrial Disorders:</td></tr></table>	<ul style="list-style-type: none">Amino Acid Disorders: (PKU, MSUD, Tyrosemia)	<ul style="list-style-type: none">Urea Cycle Disorders: (Citrullinemia, Argininosuccinic aciduria)	<ul style="list-style-type: none">Organic Acid Metabolism Disorders: (Gluteric academia, Biotinidase deficiency)	<ul style="list-style-type: none">Carbohydrate Disorders: (Galactosemia, Glycogen Storage Disease, Hereditary Fructose Intolerance)	<ul style="list-style-type: none">Lysosomal Storage Diseases: (Fabry disease, Gauchers disease, Pompe disease)	<ul style="list-style-type: none">Peroxisomal Disorders: (Zellweger Syndrome Spectrum, Adrenoleukodystrophy)	<ul style="list-style-type: none">Fatty Acid Oxidation Defects	<ul style="list-style-type: none">Mitochondrial Disorders:	4B (351)
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Cancer Renal Disease Other Medical Conditions:	<ul style="list-style-type: none">Presence of cancer. Current condition, or the treatment of the condition, must be severe enough to affect nutritional statusAny renal disease including pyelonephritis and persistent proteinuria.Does not include urinary tract infections involving the bladder. <p>Diseases or conditions with nutritional implications that are not included in any of the other medical conditions. Current condition, or treatment of the condition must be severe enough to affect nutritional status.</p> <ul style="list-style-type: none">Juvenile Rheumatoid ArthritisCardiorespiratory DiseaseCystic FibrosisPersistent Asthma (moderate or severe) requiring daily medicationLupus ErythematosusHeart Disease	4C (346, 347, 360)								
Gastrointestinal disorders Nutrient Deficiency Diseases	<p>Diseases and/or conditions that interferes with the intake or absorption of nutrients. The diseases and/or conditions include but are not limited to:</p> <ul style="list-style-type: none">Gastroesophageal reflux disease (GERD)Peptic ulcerInflammatory bowel diseaseShort bowel syndromeMalabsorption syndromeLiver disease, pancreatitis, gallbladder diseasePost-bariatric surgery <ul style="list-style-type: none">Caused by insufficient dietary intake of macro and micronutrients. Diseases include, but are not limited to:Protein Energy Malnutrition, Scurvy, Rickets, Hypocalcemia, Osteomalacia, Cheilosis, Menkes Disease, Vitamin K Deficiency and Xerophthalmia.	4D (342, 341)								

Dental Problems	<ul style="list-style-type: none"> • Presence of nursing or baby bottle caries, smooth surface decay of the maxillary anterior and the primary molars. • Tooth decay, periodontal disease, tooth loss and or ineffectively replaced teeth which impair the ability to ingest food in adequate quantity or quality 	4H (381)
Depression	<ul style="list-style-type: none"> • Presence of clinical depression diagnosed by a physician or psychologist 	4J (361)
Environmental Tobacco Smoke Exposure	<ul style="list-style-type: none"> • Environmental tobacco smoke (ETS) exposure is defined (for WIC eligibility purposes) as exposure to smoke from tobacco products inside the home. • Also known as passive, secondhand or involuntary smoke • Assessment must be phrased as: “Does anyone living in your household smoke inside the home?” • This definition is based on CDC guidance and relates specifically to exposure “INSIDE THE HOME”. 	4S (904)
Recipient of Abuse	<ul style="list-style-type: none"> • Child abuse/neglect within past 6 months <ul style="list-style-type: none"> • “any recent act or failure to act resulting in imminent risk of serious harm, death, serious physical or emotional harm, sexual abuse, or exploitation of an infant or child by a parent or caretaker” <p>Abuse can be self-reported, or as documented by a social worker, health care worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel.</p> <p><i>*If State law requires the reporting of known or suspected child abuse or neglect, WIC staff must release such information to appropriate State officials.*</i></p>	4X (901)
Feeding Potentially Contaminated Foods	<p>Routinely feeding foods to a child that could be contaminated with harmful microorganisms. Examples of potentially harmful foods for a child include:</p> <ul style="list-style-type: none"> • Unpasteurized fruit or vegetable juices • Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese • Raw or undercooked meat, fish, poultry, or eggs • Raw vegetable sprouts (alfalfa, clover, bean and radish) • Deli meats, hot dogs, and processed meats (avoid unless heated until steaming hot) 	5H (425.5)
Improper Use of Bottles, Cups or Pacifiers	<p>Routinely using bottles, cups or pacifiers improperly. Examples include:</p> <ul style="list-style-type: none"> • routine use of the bottle to feed fruit juice, diluted cereal or other solid foods • allowing the child to fall asleep or be put to bed with a bottle at naps or bedtime • allowing the child to use the bottle without restriction (such as walking around with a bottle) or as a pacifier • using a bottle for feeding or drinking beyond 14 months of age • allowing a child to carry around and drink throughout the day from a covered or spill proof sippy cup or training type cup • using a pacifier dipped in sweet agents such as sugar, honey, or syrups 	5K (425.3)

Diet Very Low in Calories/Essential Nutrients	<ul style="list-style-type: none"> Diets that are very low in calories, severely limit intake of important food sources of nutrients, or otherwise involve high-risk eating patterns Examples include Vegan diet, Macrobiotic diet, and other diets very low in calories and/or essential nutrients. Restricting a child's ability to consume nutritious meals at an appropriate frequency per day 	5L (425.6)
Not Providing Dietary Supplements Recognized as Essential	<ul style="list-style-type: none"> Not providing a supplement containing 400 IU of vitamin D if a child consumes less than 32 ounces vitamin D fortified milk or formula <ul style="list-style-type: none"> (Since 32 ounces of milk is in excess of the recommended 16 ounces of milk per day for pre-school children, most children will require a vitamin D supplement) 	(425.8)
Inappropriate Beverages as Primary Milk Source	<p>Routine use of inappropriate beverages as primary milk source. Examples include:</p> <ul style="list-style-type: none"> Non-fat or reduced-fat milks (between 12 and 24 months of age) or sweetened condensed milk Unfortified or inadequately fortified substitute milks (such as inadequately or unfortified rice-or soy-based beverages, non-dairy creamer) or other "homemade concoctions" 	5N (425.1)
Routine Ingestion of Non-Food Items (Pica)	<p>Ingestion of inappropriate non-food items. Examples include:</p> <ul style="list-style-type: none"> Ashes, Cigarettes or cigarette butts Carpet fibers, foam rubber Clay Paint chips Soil Laundry starch and cornstarch 	5Q (425.9)
Feeding Sugar Containing Fluids	<p>Routinely feeding a child sugar containing fluids such as:</p> <ul style="list-style-type: none"> soda/soft drinks gelatin water corn syrup solutions sweetened tea 	5S (425.2)
Feeding Practices Disregard Developmental Stage	<p>Routinely using feeding practices that disregard the developmental needs or stages of the child. Examples include:</p> <ul style="list-style-type: none"> inability to recognize, insensitivity to, or disregarding the child's cues for hunger and satiety (e.g., forcing a child to eat a certain type and/or amount of food or beverage or ignoring a hungry child's requests for appropriate foods) feeding foods of inappropriate consistency, size, or shape that put children less than 4 years of age at risk for choking not supporting a child's need for growing independence with self-feeding (e.g., solely spoon-feeding a child who is able and ready to finger-feed and/or try self-feeding with appropriate utensils) feeding a child food with an inappropriate texture based on his/her developmental stage (such as feeding primarily pureed or liquid food when the child is ready and capable of eating mashed, chopped or appropriate finger foods) 	5T (425.4)

Homelessness	<p>A child who lacks a fixed and regular nighttime residence; or whose primary nighttime residence is:</p> <ul style="list-style-type: none"> • A supervised publicly or privately operated shelter • An institution that provides temporary residence for individuals intended to be institutionalized • A temporary accommodation of not more than 365 days in the residence of another individual • A public or private place not designed or ordinarily used as a regular sleeping accommodation for human beings 	8A (801)
Migrancy	<p>A child who is a member of families which contain at least one individual whose principal employment is:</p> <ul style="list-style-type: none"> • in agriculture on a seasonal basis • who has been so employed within the last 24 months • and who establishes for the purposes of such employment, a temporary abode 	8A (802)
Transfer of Certification	<ul style="list-style-type: none"> • With current valid verification of certification (VOC) document from another state or local agency. • Verification of transfer status via documented telephone calls is acceptable • Used primarily when the VOC document does not reflect a more specific nutrition risk condition at the time of transfer, or participant was initially certified based on a nutrition risk condition not in use by the receiving State agency. 	8B (502)
Failure to Meet Dietary Guidelines <p>This risk code should NOT be used if any other risk code has been assigned.</p>	<ul style="list-style-type: none"> • <u>Children two years of age and older</u> who meet the income, categorical and residency eligibility requirements may be presumed to be at nutrition risk for <i>failure to meet Dietary Guidelines for Americans</i>. Based on an individual's estimated energy needs, the failure to meet Dietary Guidelines risk criterion is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans) <p>***This risk may be assigned to children age 2 and over when a nutrition assessment has been completed AND NO other risk criteria have been identified.</p>	9X (401)
Dietary Risk Associated with Complementary Feeding Practices <p>This risk code should NOT be used if any other risk code has been assigned.</p>	<ul style="list-style-type: none"> • <u>A child age 12-23 months</u> is at risk of inappropriate complementary feeding when the child has begun to or is expected to begin to: <ol style="list-style-type: none"> 1. Consume complementary foods and beverages 2. Eat independently 3. Be weaned from breastmilk or infant formula 4. Transition from a diet based on infant/toddler foods to one based on the <i>Dietary Guidelines for Americans</i> <p>**This risk may be assigned to children age 12-23 when a nutrition assessment has been completed AND NO other risk criteria have been identified.</p>	9Z (428)

<p>Possibility of Regression</p> <p>Regression risk criteria may not be used more for more than ONE six-month certification period.</p>	<p>A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the CPA determines there is a possibility of regression in nutritional status without the benefits that the WIC program provides.</p> <ul style="list-style-type: none"> • Participants recertified for this risk will remain in the same priority as at the previous certification. • CPA must document the risk condition that warrants use of possibility of regression criteria. (anthropometric, biochemical or medical/nutritional risk) • May not be used at an applicant's initial certification. • May not be used for pregnant women 	<p>9A</p> <p>(501)</p>
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